


Provider Bulletin No. 12-52

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TO: All Providers Participating in the Nebraska Medicaid Program

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RE: Provider Screening and Enrollment

Please share this information with administrative, clinical, and billing staff.

Section 6401 of the Affordable Care Act mandates new provider screening and enrollment requirements that State Medicaid agencies must implement. The requirements can be found in **42 CFR 455 Subpart E-Provider Screening and Enrollment**.

The Nebraska Medicaid Program has established an ongoing project tasked with ensuring our provider screening and enrollment processes become compliant with all mandated requirements.

Several of the provisions have already been implemented including, but not limited to:

- All ordering or referring physicians or other professionals must be enrolled as participating providers,
- Verification of provider licenses,
- Termination or denial of enrollment of any provider terminated by Medicare or another State Medicaid program,
- Federal database checks,
- NPI requirement on all claims for all items or services rendered, ordered or referred.

Implementation of the remaining requirements is still in progress, and includes (but may not be limited to):

- Revalidation of provider enrollment at least every 5 years.
- Site visits before and after enrollment based on categorical risk level
- Finger-printing and criminal background check based on categorical risk level
- Enrollment application fees for institutional providers as described in the CFR
- Temporary moratorium on enrollment of new providers or suppliers as per CMS determination and mandate

Additional Provider Bulletins will be issued as the State prepares to become fully compliant with the ACA provider screening and enrollment requirements. Please direct questions to DHHS.MedicaidProgramIntegrity@nebraska.gov.